

**ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD**  
1740 W. ADAMS ST., SUITE 4600, PHOENIX, ARIZONA 85007  
PHONE (602) 364-1PET (1738) FAX (602) 364-1039  
VETBOARD.AZ.GOV

**COMPLAINT INVESTIGATION FORM**

If there is an issue with more than one veterinarian please file a separate Complaint Investigation Form for each veterinarian

PLEASE PRINT OR TYPE

**FOR OFFICE USE ONLY**

Date Received: Sept. 4, 2018

Case Number: 19-18

**A. THIS COMPLAINT IS FILED AGAINST THE FOLLOWING:**

Name of Veterinarian/CVT: Dr. Roxanne Cornelius DVM

Premise Name: Kingman Animal Hospital

Premise Address: 1650 E Northern AV

City: Kingman State: AZ Zip Code: 86409

Telephone: (928) 757-4011

**B. INFORMATION REGARDING THE INDIVIDUAL FILING COMPLAINT\*:**

Name: Lanny V Fuller

Address: [REDACTED]

City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]

Home Telephone: [REDACTED] Cell Telephone: [REDACTED]

\*STATE LAW REQUIRES WE HAVE TO DISCLOSE YOUR NAME UNLESS WE CAN SHOW THAT DISCLOSURE WILL RESULT IN SUBSTANTIAL HARM TO YOU, SOMEONE ELSE OR THE PUBLIC PER A.R.S. § 41-1010. IF YOU HAVE REASON TO BELIEVE THAT SUBSTANTIAL HARM WILL RESULT IN DISCLOSURE OF YOUR NAME PLEASE PROVIDE COPIES OF RESTRAINING ORDERS OR OTHER DOCUMENTATION.

RECEIVED

SEP 04 2018

BY: [Signature]

**C. PATIENT INFORMATION (1):**

Name: Santana (Deceased)  
Breed/Species: German Shepherd Dog  
Age: 12 Y 11m 25 d Sex: Male Color: Black & Cream

**PATIENT INFORMATION (2):**

Name: N/A  
Breed/Species: \_\_\_\_\_  
Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Color: \_\_\_\_\_

**D. VETERINARIANS WHO HAVE PROVIDED CARE TO THIS PET FOR THIS ISSUE:**

*Please provide the name, address and phone number for each veterinarian.*

Dr. Roxanne Cornelius DVM  
1650 E Northern AV  
Kingman, AZ 86409-2466  
928.757.4011

Dr Steve Montgomery DVM  
2830 W Hobsonway  
Blythe, CA 92225  
760.922.3136

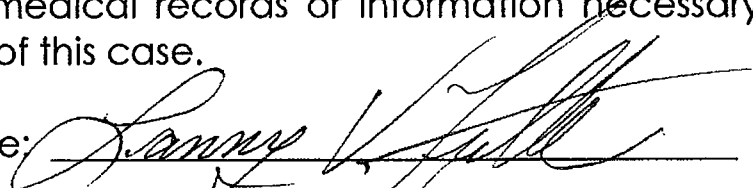
**E. WITNESS INFORMATION:**

*Please provide the name, address and phone number of each witness that has direct knowledge regarding this case.*

Dr Richard Atwell DVM  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Attestation of Person Requesting Investigation**

By signing this form, I declare that the information contained herein is true and accurate to the best of my knowledge. Further, I authorize the release of any and all medical records or information necessary to complete the investigation of this case.

Signature: 

Date: 28 August 18

**F. ALLEGATIONS and/or CONCERNS:**

*Please provide all information that you feel is relevant to the complaint. This portion must be either typewritten or clearly printed in ink.*

I have enclosed the letter I have written and sent Dr Cornelius voicing my doubts and questions concerning the diagnosis, treatment and resulting death of my German Shepherd Santana. Along with copies of all paperwork not limited to: Necropsy Report, vet diagnosis, charges billing and correspondence.

Please see Attached document for outline and letter to describe my ALLEGATIONS and/or CONCERNS.

13 August 2018

## Santana's Death

- i. December 3rd the Beginning
- ii. Santana starting vomiting around 10:30pm Sunday 3 DEC 18 bringing up his dinner. He started to look very dehydrated, became weak and lethargic. These symptoms were rapid in developing.
- iii. Finding a Veterinarian 4 Dec 18
- iv. Called the Kingman Sheriff's Office for a recommendation. I have found that local Sheriffs and Police Departments don't take a \$100,000 K-9 to an idiot.
- v. Kingman Animal Hospital recommended.
- vi. Called talked to emergency tech on call, told him Santana's symptom's. Was told to bring him in.
- vii. Immediately brought him in for Diagnosis. Met with Dr Cornelius. First time I asked if I should Euthanize him because of his age and how sick he was.
- viii. She recommended to run some test, x-rays to see what may be causing him to be so sick before making that decision.
- ix. Test came back, Dr Cornelius said it was pancreatitis, she did mention a small mass around the pancreas but dismissed it as being caused by the inflammation. Recommended he be admitted into hospital for IV fluids and medications.

## Santana Comes Home

- x. Brought him home 6 Dec 18, with oral meds.
- xi. Shortly after fixing and feeding Santana his boiled chicken and rice dinner he started vomiting once again and I could not get his meds to stay down.
- xii. Santana went back to Kingman Hospital first thing in morning to be readmitted for IV fluids and medicine.
- xiii. This is the second time I asked Dr Cornelius if it was time to Euthanize Santana. Again, she recommended that we give the medicine time to work.
- xiv. Also informed her that I had contacted my home Vet Dr. Atwell about Santana. He had doubts about the diagnosis of Pancreatitis due to the severe loss of weight. Assured of diagnosis.
- xv. Santana stays for an additional 3 days.
- xvi. 09 Dec 18, He comes home again with oral meds with new instructions on administration of medicine. I continue to cook boiled chicken, hamburger and rice for his diet.

- xvii. Purchased complete Regime of Anti-Pancreatitis medicine in case of relapse and recommended Science Diet Dry food.

## Staying in area

- xviii. Decided to stay in area until the 27th of December in case of relapse and to complete the anti-rattlesnake vaccine for my other two Female German Shepherds
- xix. Santana had his good days with a few not so good, however he was improving
- xx. 27Dec 2018 took my two female Shepherds in for last booster vaccine.
- xxi. While there I asked Dr Cornelius if she wanted to check Santana before I left for Ehrenberg AZ. She said yes.
- xxii. Looked at Santana and voiced concerns about still being so gaunt looking and his gums being pale. I did not know I was supposed to be looking at his gums for blood loss.
- xxiii. Dr. Cornelius wanted to run some additional blood work to see what is causing both conditions.
- xxiv. Was informed that Santana would not survive the Diagnosis of Non-Regeneration Red Blood Cells. I was told by Dr Cornelius that the pancreatitis had caused or contributed to the underlying condition whereas Santana was no longer producing red blood cells.
- xxv. She told me we could do a blood transfusion, but we would be right back here in two weeks. Again, I asked Dr Cornelius if I should Euthanize him because of this.
- xxvi. Dr Cornelius said no, a death from red blood cell loss is painless. Once they run out of red blood cells they just go to sleep. She gave him two weeks to live.
- xxvii. Picked up some CBD oil for Santana and decided to leave Kingman, AZ and get Santana to the Colorado River for spend his last days.

## Ehrenberg AZ

- xxviii. Arrived 29 Dec 18, found a spot near the Colorado River set up camp.
- xxix. Santana seems to be improving, called Dr Eric to ask about getting him retested to see if he is improving.
- xxx. Dr Eric informed me that it may be the spleen has dumped the rest of his red blood cells into his system, causing his apparent improvement. But he did say it wouldn't hurt to have his blood tested again.
- xxxi. Called Dr Roxanne to get her opinion about his improvement.
- xxxii. Was told by the front desk that you stated, "That he would not survive this".
- xxxiii. January 4<sup>th</sup> Santana collapses after playing in the water.
- xxxiv. Started calling to find a local veterinarian to plan to put him down.

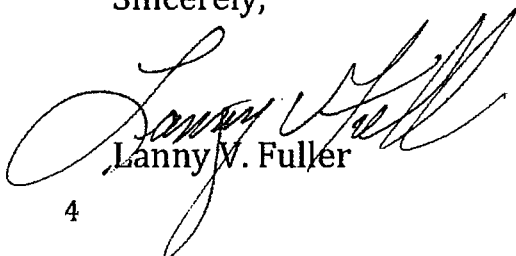
- xxxv. Contacted Circle H Veterinary Hospital, Blythe CA. Decided to bring Santana in the next morning for euthanasia.
- xxxvi. Took Santana January 5<sup>th</sup> for euthanasia, however was told they did not offer cremation after euthanasia.
- xxxvii. Elected not to go through with euthanasia until I could find the cremation services.
- xxxviii. Was contacted by vet that the girl working the front desk was new and misinformed me about offering cremation. And that Dr Montgomery was full for the rest of the day. And Saturday was booked solid with surgeries.
- xxxix. Called early am on January 6<sup>th</sup> to talk to Doctor about Santana and his condition. Left message got him to call me.
- xl. Received call from Dr Montgomery at about 18:00 hrs. We discussed his diagnosis of red blood cell non-regenerative condition. He said that he could come out tonight and euthanize Santana.
- xli. He further told me that dying from red blood cell loss was painless and that he would just drift off to sleep. I elected to wait until Monday as Santana was improving again.
- xlvi. I did however make a follow up appointment for Monday the 8<sup>th</sup> of January.
- xlvi. 8 January, Santana was back to old self full of energy, eating and chasing the ball.
- xlv. Took Santana in and explained everything that I had been told by Dr Roxanne and Dr Eric. Santana was examined, and Dr Montgomery conclude yes, he was weak and gaunt looking but didn't show sign of wanting to be dead.
- xlv. Blood work was ordered, results showed low counts in some areas but nothing that was critical. The vet prescribed two new meds. Sent us home and said let's see how he is in a couple of days.
- xlvi. 10 January at about 22:30 pm he climbed onto the bed, at 22:40 he started to vomit and go into spasms.
- xlvii. Immediately gave him his anti-nausea meds to stop the vomiting. After three attempts finally got one anti-nausea pill down and 50mg of Tramadol for his pain.
- xlviii. At approximately 23:35 or so he started to relax and calm down a little. Santana went into the living room laid down and went to sleep.
- xlix. On January 11<sup>th</sup> at about 00:40 am he moved into the bedroom laid down at the foot of the bed and started his death rattle, having difficulty breathing and having spasms.
- i. At 00:43 I laid down next him to hold him and reassure him it was going be okay. And that I loved him.
- ii. I stayed there on the floor until his last breath at 04:45, his heart stopped at 04:56. The whole time I witnessed and felt his abdomen swell up like he had eaten a watermelon.

## Summary

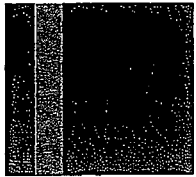
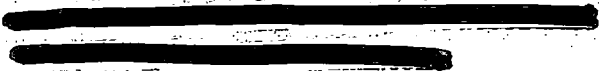
As I have stated in the letter to Dr Roxanne. It has taken me a long time to get where I could put my thoughts on paper without filling it with profanities and going on rants that were unproductive. I have a few unanswered questions that I would if possible like to get some answers. I have not contacted Kingman Animal Hospital since that phone call telling me Santana would not survive this. In all honesty have no desire to ever talk to this vet again. I would not believe a damn word she says anyway. I will also take responsibility for not asking the correct questions about Santana's diagnosis, treatment and death. And I know a veterinarian cannot predict how a dog will die no matter what the diagnosis. However, I question how it is a veterinarian can within 12 hrs. predict the death of a dog. From the first diagnosis to death is approximately the life span of 6 to 8 weeks resulting from a Splenic Hemangiosarcoma. Not once was any form a diagnosis of any type of Hemangiosarcoma mentioned. Another thing that I didn't think of until after his death was, I never once received or saw the original x-ray or paperwork with the diagnosis of Pancreatitis. I trusted this veterinarian to be truthful with me concerning Santana. I honestly believe she not only lied to me, but either purposely or because of incompetency misdiagnosed Santana and then lied to me about it once she realized he was dying not from red blood cell non-regenerative condition brought on by the Pancreatitis, but from a growing and fatal Splenic Hemangiosarcoma. The reasons I had the necropsy performed is after talking to my regular vet Dr Eric that Pancreatitis doesn't usually result in blood loss causing pale gums and that something else probably killed Santana. It was then I ordered the necropsy.

I don't know if you can get me any answers being this much time has passed. But if you can, it would be greatly appreciated. Santana was my wingman and co-pilot for almost 13 years. During that time Santana had my Six, he protected me. I feel because I did not get the full picture of what was going on with Santana. I let my wingman down and allowed him to suffer in his death. If I would have been told the truth I would have had Santana euthanized before he suffered the death he was dealt.

Sincerely,

  
Lanny M. Fuller

Lanny V Fuller




11 July 2018

Dr. Roxanna Cornelius DVM  
Kingman Animal Hospital  
1650 E Northern AVE  
Kingman, AZ 86409-2466  
928.757.4011

Dear Dr. Roxanna Cornelius DVM,

It has taken this passing of time for me to be able to communicate, in a professional manner, my doubts and questions concerning the diagnosis, treatment and subsequent death of my German Shepard, Santana. This is difficult as I have serious doubts that you acted in a truthful and professional manner.

When I first brought Santana in for treatment I informed you that if needed, I would put him down as he was a month away from turning 13 and I did not want my dog to suffer. You recommended that we run some tests first to see what might be causing him to vomit and become so dehydrated. You subsequently diagnosed him with pancreatitis with a cloudy mass near his pancreas that could be contributing to the inflammation. He was admitted to the hospital for administration of IV fluid medication and for rehydration. After four days in the hospital, I brought him back to my trailer with his oral medications. He started to vomit again overnight and into the morning. Requiring me to bring him back to the hospital for another three days of IV treatments. At this time, I asked you again "Do I need to put him down"? You recommended we give the IVs a chance before we reached that point. On Friday evening I brought Santana home. I stayed in the area for the next two weeks to make sure he was able to travel and that there were no more relapses of the pancreatitis.





After no relapses, I wanted to get back on the road. I brought my other two German Shepherds in for their final anti-rattlesnake shots. At that time, I asked you if you wanted to check Santana once more before we left. You came out to the truck, looked at him and stated concern over his gums being pale and still being so gaunt looking. You took him back in to perform a blood test to see what may be causing this. After a while I was put in the euthanasia room to find out what your diagnosis was. You came in and informed me that he had developed a secondary condition that was causing him to not replenish his red blood cells. You said we could do a blood transfusion, but we would be right back there in couple of weeks. I asked again if I needed to put him down as I did not want him to suffer. You informed me that Santana's death would be painless. Once he ran out of red blood cells, he would lose consciousness and die. I elected to take him home, head for the Colorado River and have him die there.

I left the Kingman area, went to Ehrenberg, AZ and camped by the river. While there I called you to tell you that instead of getting worse he was improving, and should I get a new blood test to see if he was producing the right amount of red blood cells. This message was forwarded to me by the front desk from you, "He will not survive this". Which I found odd as everything I had been reading, a consultation with my vet back in Washington and a vet in Blythe, CA, all indicated that he could survive longer than the two weeks you gave him. They all confirmed that dying from red blood cell loss should be a peaceful passing. My vet in Washington did tell me, Santana's spleen at some point would drop all remaining red blood cells and that he may seem to recover only to relapse into his previous condition quickly.

On January 5<sup>th</sup> he collapsed after playing in the water, so I thought it's time to end this. I contacted the local vet and made an appointment to put him down in the morning. I was misinformed about their euthanasia procedures. So, I brought him back to the trailer, made the necessary calls to find out the procedures. Made another appointment to put him down on Saturday. By Saturday morning he was up, eating, drinking and gaining energy. By this time, I'm starting to get confused, he should have been dead by now. I called the vet, informed him of Santana's diagnosis of non-production of red blood cells and his then status. We decided to wait until Monday to see how he was doing. I brought him in on Monday for an exam and to decide about euthanasia. The vet looked at him and agreed he didn't look anything like what I had described to him. Did new blood tests, his counts were low but not life threatening. The vet prescribed two new medications. I took Santana home to give the medications a chance to work.

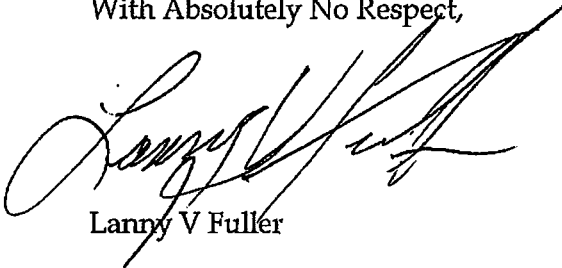
Wednesday the 10<sup>th</sup> of January at about 22:30pm, Santana started to vomit again. I proceeded to give him his anti- nausea medication and two tramadol to relax him. By 00:40am on the 11<sup>th</sup> he was starting to have difficulty breathing, going into a death rattle as he lay at the foot of the bed and spent the next few hours dying. He took his last breath at 04:45am. I can assure you Dr Roxanne it was not peaceful at all. He didn't die as anyone informed me he should. I also understand that no one can predict how a dog will die.

What got me to thinking is how you were able to predict the death of Santana within 12 hours of giving me the initial diagnosis. Because he did not die of red blood cell non-regeneration but from massive blood loss into his stomach area. I know this because I watched his abdomen expand as I held him while he was dying. When you told me he would not survive this; What did you really know?

I wanted to know what caused his death, so I had a necropsy performed to find out. He died from Splenic Hemangiosarcoma. That's a far different diagnosis than death from red blood cell loss due to a non-regenerative condition. Was that the mass you saw, but dismissed? Did you take another x-ray when you did the blood work? Is this how you absolutely knew he wasn't going to survive or did you know this after the first x-ray you took?

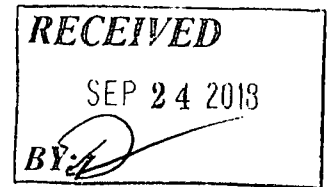
I must ask did this all happen out of incompetency in being able to properly diagnosis Santana's condition? Was it greed, knowing I traveled, lived in a RV and would not be in the area long? Were you insulted because I consulted my regular vet about Santana's diagnosis? Looking at everything from my point of view, I am beginning to think it's one of these.

With Absolutely No Respect,

A handwritten signature in black ink, appearing to read 'Larry V Fuller', with a stylized, cursive script.

Larry V Fuller





To the Arizona State Veterinary Medical Examining Board regarding Case 19-18 (Santana Fuller),

I received notification in the mail from the board that Larry Fuller has filed a complaint regarding the care, treatment and diagnostics of his German Shepherd Santana. This case came to the clinic in December 2017. Based on records and my recollection of events, Santana came in for vomiting and inappetence. On PE he was losing weight, dehydrated and seemed to have abdominal pain. Mr. Fuller was very concerned about quality of life for Santana and wanted to know if he needed to be euthanized. Based on his PE and age, I recommended that we try to determine what the source of Santana's illness was before we move to euthanasia as Mr. Fuller loved his dog and seemed distraught about putting him down. Bloodwork was consistent with pancreatitis and his xrays showed an uneven liver and spleen. At the time his initial bloodwork did not give any major concern for a bleeding splenic mass or any indication other than pancreatitis. I discussed pancreatitis and cancer with Mr. Fuller, and advised we can try to treat pancreatitis, but depending on the type of cancer we may not be able to successfully treat without extreme measures like an exploratory surgery. Mr. Fuller opted to treat the pancreatitis and pending his response we could decide about euthanasia or pursuing further diagnostics.

Santana was a very loved patient while he was with us, with our technician Eloisa Alcaida forming a special bond and spending a lot of dedicated time monitoring him. Mr. Fuller was a devoted owner and we spoke regularly about his care and his QOL. Santana was improving with care but did not appear to be making a full recovery, however he was eating better, had stopped vomiting and per Mr. Fuller was overall doing well at home although not 100% improved. Mr. Fuller is not a full time Kingman resident and once Santana seemed to have stabilized he wanted to move on. We spoke about flare ups of the pancreatitis and treatments, and Mr. Fuller seemed comfortable with traveling and monitoring Santana at home and seeking further care as needed.

On his way out of town he brought his other dogs in for vaccines and told me Santana was doing well, and asked if I wanted to check him before he left. I agreed it would be a good idea and I saw Santana in Mr. Fuller's truck. He was very bright, but his gums were very pale and he looked as though he had lost more weight. I didn't feel comfortable sending him off without rechecking at least a CBC to see if something had changed as previously he had not had pale gums. His CBC showed a non-regenerative anemia and neutrophilia. Based on the previous xrays and the appearance of the spleen and liver I was concerned that the anemia indicated cancer that the pancreatitis had masked or been related to. Mr. Fuller did not want to prolong suffering and my overall impression was that he would spend as much money as needed to make his dog healthy, but if Santana's condition was terminal then he would want to euthanize. I advised him this bloodwork change was consistent with cancer, and that given Santana's age, wt loss, and appearance we would need to consider a blood transfusion and an exploratory to be sure, and there was high chance of him being under increased risk under anesthesia and of finding a terminal condition. Given our discussions, Mr. Fuller did not seem interested in potentially dangerous surgery and inquired as to how Santana would pass and how soon. I advised it could be as soon as 2 weeks or sooner and that depending on how he passes and what happens it could be peaceful but it may not be. I offered humane euthanasia, but Mr. Fuller wanted to let him pass away at home if it would be



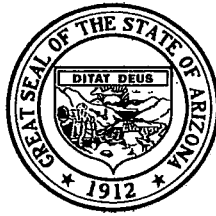
peaceful. I did not at the time believe Mr. Fuller wished to pursue further diagnostics and treatment. My understanding was that he wished to focus on hospice, pain control and letting him pass at home.

I am deeply regretful if Mr. Fuller and I were not on the same page, or if he wished to pursue a different pathway and I was unaware of it. I truly hope Mr. Fuller is able to have whatever closure he needs for Santana, and I hope I can answer any questions he has.

Regards,

Dr. Roxanna Cornelius D.V.M

A handwritten signature in black ink, which appears to read "Roxanna Cornelius". The signature is written in a cursive, flowing style.



**ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD**

1740 W. ADAMS STREET, STE. 4600, PHOENIX, ARIZONA 85007

PHONE (602) 364-1-PET (1738) ♦ FAX (602) 364-1039

VETBOARD.AZ.GOV

**INVESTIGATIVE COMMITTEE REPORT**

**TO:** Arizona Veterinary Medical Examining Board

**FROM:** AM Investigative Committee: Robert Kritsberg, D.V.M. - Chair  
Ryan Ainsworth, D.V.M.  
Christina Tran, D.V.M.  
Mary Williams  
Carolyn Ratajack

**STAFF PRESENT:** Tracy A. Riendeau, CVT – Investigations  
Sunita Krishna - Assistant Attorney General

**RE:** Case: 19-18  
Complainant(s): Lanny Fuller  
Respondent(s): Roxanna Cornelius, D.V.M. (License: 6646)

**SUMMARY:**

Complaint Received at Board Office: 9/4/18  
Committee Discussion: 12/4/18  
Board IIR: 1/16/19

**APPLICABLE STATUTES AND RULES:**

Laws as Amended July 2014  
(Salmon); Rules as Revised September  
2013 (Yellow).

On December 4, 2017, "Santana," a 12+-year-old male German Shepherd was presented to Respondent for vomiting. Diagnostics were performed and the dog was hospitalized for a couple days for suspected pancreatitis and/or possible neoplasia. The dog was discharged on December 6<sup>th</sup>.

The following day, the dog was readmitted due to no improvement and was hospitalized until December 9<sup>th</sup>.

On December 27, 2017, the dog was presented to Respondent for evaluation – blood work was performed and neoplasia was suspected. Complainant chose to monitor the dog at home and was aware the dog could pass away within a few weeks.

On January 11, 2018, the dog passed away at home. A necropsy revealed cause of death was blood loss secondary to splenic hemangiosarcoma.

Complainant states that he would have euthanized the dog if Respondent would have properly diagnosed the dog.

**Complainant was noticed and appeared telephonically.**  
**Respondent was noticed and appeared telephonically.**

**The Committee reviewed medical records, testimony, and other documentation as described below:**

- Complainant(s) narrative: *Lanny Fuller*
- Respondent(s) narrative/medical record: *Roxanna Cornelius, DVM*
- Consulting Veterinarian(s) narrative/medical record: *Steve Montgomery, DVM*

**PROPOSED 'FINDINGS of FACT':**

1. On December 4, 2017, the dog was presented to Respondent due to vomiting and lethargy. Complainant reported that the dog ate something on a hike over the weekend. Upon exam, the dog had a weight = 72.5 pounds, a temperature = 103.2 degrees, a heart rate = 108bpm and a respiration rate = 40rpm. Respondent noted that all teeth were broken, there was increased respiratory noise bilaterally, possibly painful cranial abdomen, extreme muscle atrophy in the hind end, hip dysplasia, difficulty sitting and standing with plantigrade stance.

2. Respondent discussed her findings and suspected severe enteritis from something the dog ate on the hike or possible neoplasia. She recommended radiographs and blood work as well as fluid therapy pending diagnostics. Complainant approved.

3. Radiographs revealed gaseous dilation of intestines, loss of serosal detail, enlargement of liver and spleen, uneven rough appearance to liver and spleen, possible mass effect in abdomen. Blood work findings were consistent for pancreatitis - elevated amylase, mild elevation in liver enzyme, neutrophilia, and cPL – abnormal. Respondent's differential diagnosis were enteritis, reaction to medication, neoplasia and pancreatitis.

4. Respondent noted that euthanasia was discussed but Complainant was not interested unless there was a quality of life issue. She relayed that they could treat the pancreatitis and monitor response. They could discuss further measures pending response to treatment, such as exploratory surgery. The dog was administered 1 liter of Lactated Ringer's Solution with 3cc vitamin B SQ. Respondent recommended discontinuing Rimadyl.

5. According to Complainant, Respondent noted a small mass around the pancreas but dismissed it as being caused by the inflammation. He further stated that he asked Respondent if the dog should be euthanized due to his age and illness and Respondent recommended diagnostics prior to making that decision.

6. Complainant elected to hospitalize the dog (it appears the dog may have possibly went home, then returned later that day for hospitalization). The dog was hospitalized with the following treatments:

- a. Lactated Ringer's Solution – 5 Liter bag + 15mLs Vitamin B at 166mLs/hr;
- b. Tramadol 50mg – 2 tablets orally three times a day;
- c. Clavamox 375mg – 1 ½ tablets orally two times a day;
- d. Metronidazole 500mg – 1 ½ tablets orally two times a day;
- e. Mirtazapine 15mg – 1 tablet orally once a day in the evening;
- f. Famotidine 10mg – 3 tablets orally once a day;
- g. Cerenia inj – 4mL IV slowly; and
- h. I/d low fat stew/EN.

7. On December 6, 2017, the dog was discharged as the dog was rehydrated and seemed stable however would not eat at the premise. Respondent advised Complainant that the dog was still having bloody diarrhea and to give the medications more time to work. She explained that they would like Complainant to try to get the dog to eat at home where he is more comfortable and left the IV in for possible re-hospitalization if there was no improvement or the dog got worse.

8. On December 7, 2017, Complainant reported that the dog had eaten that morning and had energy. However, later that morning, Complainant stated that the dog did not eat, was hypersalivating and vomited medications. Hospitalization for the dog was offered and Complainant agreed.

9. The dog returned to the premise for hospitalization. Respondent wanted the dog back on IV fluids (LRS + Vit. B), cerenia administered and nothing orally until the evening. Oral medications were to be given that evening and the dog was to be force fed if necessary. Treatment regimen was the same as the previous hospitalization with metoclopramide 10mg, 1.5 tablets twice a day and Sucralfate 1g – 1 tablet orally three times a day in slurry added.

10. On December 9, 2017, the dog was discharged.

11. On December 11, 2017, Complainant updated Respondent with the dog's status – eating well, no vomiting. Since Complainant was not a full time Kingman resident, he requested a care package while traveling in case he was on the road and could not get to a veterinarian right away. Respondent approved a refill of all medications if the dog would have any issues while traveling.

12. On December 18, 2017, Complainant reported that the dog was having diarrhea, but was not vomiting.

13. On December 19, 2017, Complainant reported that the dog's stool was more formed but with mucous. Respondent explained that she would be concerned if the dog had bloody stool, was vomiting or not eating however recommended starting metronidazole. Complainant was to give an update on the dog in a few days.

14. On December 27, 2017, Respondent evaluated the dog and recommended blood work before Complainant went out of town. Complainant reported the dog was doing very well. Upon exam, the dog had a weight = 67 pounds, a temperature = 102.2 degrees, and a respiration rate = pant; no pulse rate noted. Respondent noted that the dog had good energy but his gum color was pale and looked like he had lost weight; blood work was recommended and approved.

15. Blood work revealed the following abnormalities:

BUN	38	7 – 27
RBC	3.01	5.65 – 8.87
HCT	17.5	37.3 – 61.7
HGB	6.4	13.1 – 20.5

MCV	58.1	61.6 – 73.5
RETIC	239.3	10 – 110
WBC	35.35	5.05 – 16.76
NEUTS	28.62	2.95 – 11.64
MONO	3.12	0.16 – 1.12

16. Respondent's interpretation was marked non-regenerative anemia and neutrophilia. She was concerned that the anemia indicated cancer that the pancreatitis had masked or been related to. Respondent discussed the findings with Complainant and explained that she suspected a cancerous process based on the previous radiographs, blood work and level of anemia. Treatment options of a blood transfusion, repeat radiographs and possible exploratory were discussed as well as humane euthanasia. Complainant elected to monitor at home and was aware the dog would likely pass away within a few weeks. Respondent approved CBD oil to try to relieve any pain or discomfort.

17. According to Complainant, Respondent told him that the pancreatitis had caused or contributed to the underlying condition where the dog was no longer producing red blood cells. A blood transfusion could be performed but they would be right back there in a couple weeks. Complainant asked Respondent if he should euthanize the dog and was advised no, that a death from red blood cell loss was painless and the dog would just fall asleep. Respondent gave the dog two weeks to live. Complainant left town with the dog.

18. On January 2, 2018, Complainant called Respondent's premise to report that the dog was eating well, had increased energy and his gums were pink. He was going to have the dog rechecked in Blythe. According to Complainant, Respondent advised him through staff that the dog would not survive this.

19. On January 4, 2018, the dog collapsed while playing in the water. Complainant contacted Circle H Veterinary Hospital in Blythe to have the dog euthanized. Complainant was told that the premise did not offer cremation services therefore Complainant elected to postpone the euthanasia – he later found out that the information he was given was not accurate.

20. On January 8, 2018, the dog was presented to Dr. Montgomery at Circle H Veterinary Hospital for evaluation and possible euthanasia. Complainant felt the dog was again energetic and playful. Dr. Montgomery examined the dog and noted the dog was thin, weak but ambulatory, color ok; abdomen palpated normal. Blood work showed an elevated ALT, ALP and Amylase; decreased Albumin. Dr. Montgomery dispensed doxycycline and prednisone and recommended continuing the famotidine.

21. On January 11, 2018, the dog passed away.

22. On January 18, 2018, Dr. Montgomery's associate, Dr. Ramos, performed a necropsy on the dog. He found a large splenic mass, fractured with acute hemorrhage and hemoabdomen. Cause of death – blood loss secondary to splenic hemangiosarcoma.

23. Complainant believes Respondent misdiagnosed the dog and would have euthanized the dog before he suffered a death from splenic hemangiosarcoma.



### **COMMITTEE DISCUSSION:**

The Committee discussed that Complainant cared very much for the dog however Respondent's narrative seemed more reasonable. Complainant may have asked Respondent about having the dog euthanized but did not request the dog to be euthanized. Based on the initial blood results, a veterinarian would not necessarily advise a client that it was time to euthanize an animal.

After reviewing the medical records and hearing testimony the Committee felt Respondent handled the case appropriately.

### **COMMITTEE'S PROPOSED CONCLUSIONS of LAW:**

The Committee concluded that no violations of the *Veterinary Practice Act* occurred.

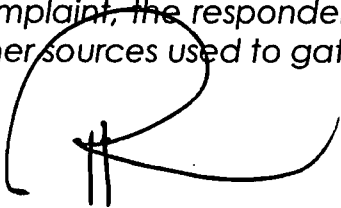
### **COMMITTEE'S RECOMMENDED DISPOSITION:**

**Motion:** It was moved and seconded the Board:

*Dismiss this issue with no violation.*

**Vote:** The motion was approved with a vote of 5 to 0.

*The information contained in this report was obtained from the case file, which includes the complaint, the respondent's response, any consulting veterinarian or witness input, and any other sources used to gather information for the investigation.*

A handwritten signature in black ink, appearing to be 'TR' with a large loop, positioned above a horizontal line.

Tracy A. Riendeau, CVT  
Investigative Division